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<i>K</i> /				respond to a collection of information unless it displays a valid OMB control numb Complete if Known						
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			18).	Application Num	ber	10/551,556-Cd	10/551,556-Conf. #3696			
FEE TRANSMITTAL				Filing Date		October 3, 2005				
				First Named Inventor		Ryusuke Nishida				
For FY 2009			<u> </u>	Examiner Name L. E. Wills						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 1,080.00				Attorney Docket No. SON-2987						
METHOD OF PAYM	ENT (check all th	at apply)								
	L	oney Order 18-001	None		please iden	nify): me: Rader, Fishr	nan & Gra	uer PLI C		
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Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe										
	y additional fee(s) er 37 CFR 1.16 ar		nts of	x Credit	any over	payments				
FEE CALCULATION	1									
1. BASIC FILING, SEAF	FILING	INATION FEES FEES Small Entity	SEAF	RCH FEES Small Entity	EXAM	INATION FEES Small Entity				
Application Type	<u>Fee (\$)</u>		e (\$)	Fee (\$)	Fee (\$		Fees P	aid (\$)		
Utility	330	165	540	270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIM FEE	S							Small Entit		
Fee Description							Fee (\$)	Fee (\$)		
Each claim over 20 (inc	•	.					52	26		
Each independent claim	-	g Reissues)					220	110		
Multiple dependent clai	ms						390	195		
Total Claims			Fee	Paid (\$)		Multiple Depend				
- or HP = HP = highest number of tota					<u> </u>	ee (\$)	Fee Paid (\$	1		
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)		-		_		
- or HP = HP = highest number of inde	X ependent claims paid f	or, if greater than 3.		· · · · · ·						
3. APPLICATION SIZE										
If the specification and listings under 37 Cl sheets or fraction th	I drawings exceed FR 1.52(e)), the a	pplication size fe	e due	is \$270 (\$135 f)		
Total Sheets	Extra Sheets			ditional 50 or frac				Paid (\$)		
		ou =	(round up to a who	ie number	.) x	=	Dold (\$)		
4. OTHER FEE(S)	action \$120 for	(no small anti-	diess:	unt)			rees	Paid (\$)		
Non-English Specifi	-			•			1.00	80 00		
Other (e.g., late filin	g surcnarge): 140	33 Request for	orai n	earing			1,00	80.00		

SUBMITTED BY						
Signature			Registration No. (Attorney/Agent)	40,290	Telephone	(202) 955-3750
Name (Print/Type)	Christopher M. Tobin	BRIAN	DUTTON.	47,255	Date	July 13, 2010
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